

EXHIBIT B



OFFICE OF THE SECRETARY OF STATE**JESSE WHITE-Secretary of State**

0293444-2

JUNE 02, 2020

RL@LIEBOWITZLAWFIRM.COM

RE CONSEQUENCE HOLDINGS, LLC

DEAR SIR OR MADAM:

ENCLOSED PLEASE FIND THE CERTIFIED COPY REQUESTED CONCERNING THE ABOVE REFERENCED LIMITED LIABILITY COMPANY.

THE ATTACHED WAS ASSIGNED AUTHENTICATION NUMBER 2015402227.

THE REQUIRED FEE IS HEREBY ACKNOWLEDGED.

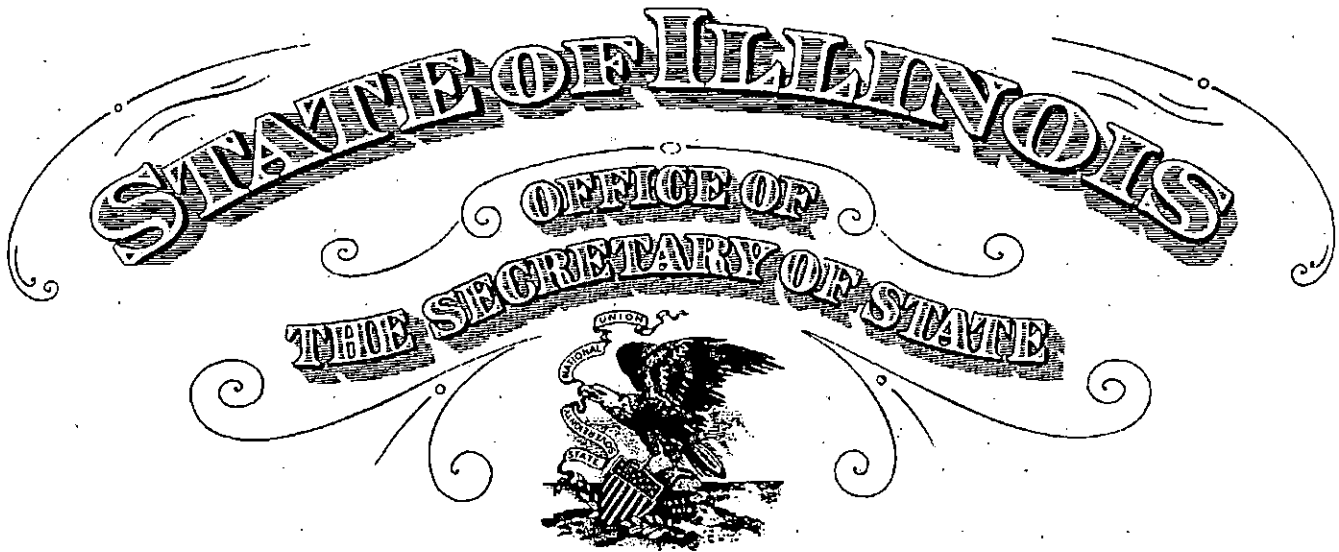
SINCERELY YOURS,

JESSE WHITE
SECRETARY OF STATEDEPARTMENT OF BUSINESS SERVICES
LIMITED LIABILITY COMPANY DIVISION
TELEPHONE: (217) 524-8008

JW:LLC

File Number

0293444-2

***To all to whom these Presents Shall Come, Greeting:***

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ATTACHED HERETO IS A TRUE AND CORRECT COPY, CONSISTING OF 1 PAGE(S), AS TAKEN FROM THE ORIGINAL ON FILE IN THIS OFFICE FOR CONSEQUENCE HOLDINGS, LLC.



In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 2ND day of JUNE A.D. 2020 .*

Jesse White

SECRETARY OF STATE

Form **LLC-35.40/
45.65** July 2017

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

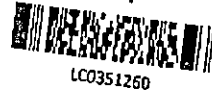
Total payment must be made by
certified check, cashier's check,
Illinois attorney's check, Illinois
C.P.A.'s check or money order
payable to Secretary of State.

Illinois
Limited Liability Company Act
Application for Reinstatement Following
Administrative Dissolution or Revocation

SUBMIT IN DUPLICATE

Type or print clearly.

Filing Fee: \$200

Approved: 

FILE # 02934442

This space for use by Secretary of State.

FILED

JAN 16 2020

JESSE WHITE
SECRETARY OF STATE

1. Limited Liability Company name as of the date of issuance of Notice of Dissolution or Revocation:

Consequence Holdings, LLC

2. If applicable, new name of Limited Liability Company (Form LLC 5.25 or LLC 45.25 must accompany this application):

3. State of organization: Illinois

4. Date Notice of Dissolution or Revocation issued: 08/09/2019

5. Registered agent: National Registered Agents, Inc.

	First Name	Middle Initial	Last Name
Registered office:	200	West Adams Street	
	Number	Street	Suite #
(P.O. Box alone or c/o is unacceptable.)	Chicago	IL	60606
	City		ZIP Code

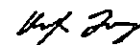
Note: If the registered agent and/or office address has changed since dissolution or revocation, complete form LLC 1.36/1.37 and submit with this application.

This application is accompanied by all amendments necessary to change, add or remove an existing provision, by all delinquent reports, information requirements and registrations due and therefore becoming due, together with all fees and penalties required.

I affirm under penalties of perjury, having authority to sign hereto, that this application for reinstatement is to the best of my knowledge and belief, true, correct and complete.

PAID
JAN 21 2020
DEPARTMENT OF
BUSINESS SERVICES

Dated: 01/07 2020
Month/Day Year


Signature

Alexander Young, Manager

Name and Title (type or print)

Consequence Holdings, LLC

If applicant is signing for a company or other entity,
state name of company or entity.